

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:
 DFAS Accounts Payable (A/P)
 P.O. Box 1543
 Jefferson City, MO 65102-1643

DFAS USE ONLY		
EFT	PAPER	VENDOR#

***THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

DIVISION	UNIT/OFFICE	
DFAS	Cole	
CONTACT PERSON NAME	PHONE NUMBER	
Joy Benne	751-7027	
VENDOR/PAYEE NAME	AMOUNT OF PAYMENT	
Alliance For Life - Missouri Inc	\$224,278.91	

CONTRACT, ER, OR PG NUMBER (if applicable)	CS170042001/
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CODING INFORMATION:	
ORGANIZATION CODE(S) TO BE CHARGED:	3155
DESCRIPTION OF CODING OR FUNDING SOURCE <i>(Indicate the exact words from coding sheet):</i> ALTERNATIVES TO ABORTION TANF 100% 0199 886 3155 2960 1536 Q221	

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE
January 2018 Payment

DFAS USE ONLY - DO NOT WRITE/MARK BELOW
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ENCUMBER:	DATE:
PURCHASING:	
PO#	COMM LINE: INIT/DATE:
ACCOUNTS PAYABLE	
DATA ENTRY:	APPROVAL:

Alternatives to Abortion Invoice

"ORIGINAL"
Only Invoice Available

Contract # CS170042001 Vendor Name: Alliance for Life - Missouri Inc
Vendor Number: [REDACTED] Vendor Address: P.O. Box 65
Greenwood, MO 64034

Bill To: Missouri Department of Social Services
Division of Finance & Administrative Services
221 W. High St., Room 310
P.O. Box 1082
Jefferson City, MO 65102-1082

Invoice Number: 2018-07
Invoice Date: 1-Jan-18
Service Period: Jan 1 - Jan 31, 2018

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 2,150,338.14	\$ 960,091.85	\$ 179,194.85
Quarterly expenditure adjustment:		\$ 45,084.06
Total Due:		\$ 224,278.91
Allocation Remaining		\$ 965,967.39

Signature: Marsha Middleton

DEPT. OF
SOCIAL SERVICES
JAN 24 AM 11:02
DIV. OF FINANCE

Approved
1-24-18
Jy E. Bence